

Entered - 09/24/99 - sb
CL99L0624 - DOBBS JORDAN

CLAIM OF: CARLTON B. CARTER
723 Smith Street
Atlanta, Georgia 30310

For damages alleged to have been sustained
as a result of the loss of a trash receptacle on
September 1, 1999 at 723 Smith Street.

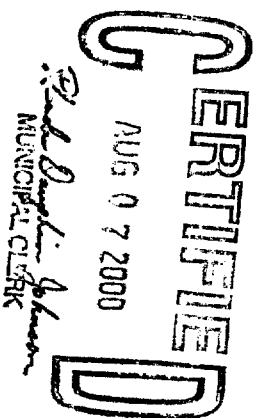
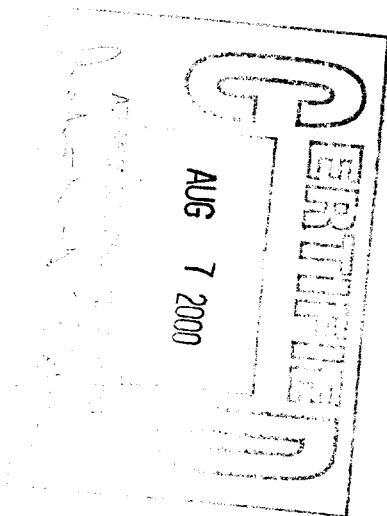
CONSENT AGENDA

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVISED PERSON
COM. Public Safety
DATE 8/11/2000
CITY CLERK
Carol T. Martin
Debra Harrison
Long Street
1001

00-9-1158



ADVERSED BY
CITY COUNCIL AUG 07 2000

August 28, 2000

Carlton B. Carter
723 Smith Street
Atlanta, GA 30310

00-R-1158

Dear Mr. Carter:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on August 07, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400**.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0624

Date: July 19, 2000

Claimant /Victim CARLTON B. CARTER

BY: (Atty.) (Ins. Co.) _____

Address: 723 Smith Street, Atlanta, Georgia 30310

Subrogation: _____ Claim for Property damage \$ 20.00 Bodily Injury \$ _____

Date of Notice: 09/20/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 09/01/99 Place: 723 Smith Street

Department Public Works Division: Solid Waste Services

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant's personal trash receptacle containing debris was erroneously discarded by employees of the Solid Waste Division. However, the claimant has failed to return the executed release and has abandoned his claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned X

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 07 19 00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

20 1999

TODAY'S DATE: 9/14/99

ENTERED 9-24-99 - SB

99L0624 - DOBBS JORDAN

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9-1-99 (month day year) 2. Police called (yes) ☒ (No) ☐

3. Location of incident: 723 SMITH ST

4. Name of your insurance company _____ Policy # _____

5. State what and how incident occurred: The people that pick up the TRASH. Throw away our large TRASHCAN. We have yet to receive TRASH (use other side if necessary)

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: _____
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Carlton B. Paichy (SEAL)
723 SMITH ST
ATLANTA GA 30318
(city) (state) (zip)
415 577-1120
(home) (phone) (work)

Please send another TRASH CAN.
Thank you